

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S61803

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND.			↓		↓
TOTAL DEP.	10		←	↓	←
TOTAL CLAIMS					

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.			↓		↓
TOTAL DEP.			←	↓	←
TOTAL CLAIMS					